



11/18/04

IFW AF
PATENT
450100-02710

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Futoshi Kaibuki
Serial No. : 09/661,223
For : ELECTRONIC DEVICE HAVING DATA PROCESSING
SUBUNIT WITH FUNCTIONAL BLOCK TERMINATION
DEVICE
Filed : September 13, 2000
Examiner : Kim T. Huynh
Art Unit : 2112

745 Fifth Avenue
New York, NY 10151
(212) 588-0800

EXPRESS MAIL

Mailing Label Number: EV 468997700 US

Date of Deposit: November 17, 2004

I hereby certify that this paper or fee is being deposited with the
United States Postal Service "Express Mail Post Office to
Addressee" Service under 37 CFR 1.10 on the date indicated
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1450, Alexandria, VA 22313-1450.

Barnet Shindman
(Typed or printed name of person mailing paper or fee)
Sal Shelle
(Signature of person mailing paper or fee)

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed August 17, 2004, please amend the
above-identified application as follows:



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450100-02710

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Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

745 Fifth Avenue
New York, NY 10151

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	18	Minus	= 33	0 ×	\$18(9)	= \$00.00
Independent claims	4	Minus	= 4	0 ×	\$86(43)	= \$.00
			Total additional fee for this amendment			\$.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid ___, or is paid herewith ___.

This response is being filed within the month following the expiration of the term originally set therefor.
This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$ ___ is attached, which covers the cost of additional claims ___ petition
for extension of time.

Charge \$ ___ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.
EXPRESS MAIL

Mailing Label Number: EV 468997700 US

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

Date of Deposit: November 17, 2004

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Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Barnett Shindler
(typed or printed name of person mailing paper or fee)
Barnett Shindler
(Signature of person mailing paper or fee)

D. Smid
By: Dennis M. Smid
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Tel. (212) 588-0800